

OF EXPRESSIVE ARTS-THERAPY

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Review

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Summary: *Dance Movement Therapy is a complementary method which includes using and analyzing of different aspects of body-experience and body-expression such as movement, mimics, pantomime, touch...*

In Dance Movement Therapy body is dominant media of therapeutic process. So this kind of therapy may have positive influence on physiological awareness, body expression of emotions, inducing unconscious impulses, and improving new strategies of behaviour through exploring new patterns and qualities of movement, and integration of cognitive, emotional and behavioural aspects in person.

In this article some main aspects of dance movement therapy are described such as historical and theoretical background, observation and assessment elements, as well as methods and therapeutic influence in the frame of individual or group process.

Keywords: *expressive arts-therapy, dance movement therapy, movement quality assessment, methods of interventions, therapeutic influence*

EXPRESSIVE ARTS-THERAPY

Expressive therapy, also known as *expressive arts therapy* or *creative arts therapy*, is a model of using the expressive arts as a form of therapy. According to *International Expressive Arts Therapy Association* (IEATA) the expressive arts combine the visual arts, music, dance/movement, drama, poetry, writing and other creative processes to foster deep personal growth and community development (figure 1). *The European Academy for Psychosocial Health and Stimulation of Creativity* defines *creative therapy* as an integrative deep psychological and hermeneutic approach which includes verbal and non-verbal forms of communication.

Expressive Arts-therapy is predicated on the assumption that through creative expression and the tapping of the imagination, a person can

examine different aspects of Self such as the *sensory experiences, symbolic expression, emotional expression, life enhancement, cognitive development and social connectedness* (Karkou and Sanderson, 2006). Usually, that kind of therapy is

Language Arts	Visual Arts	Performance Arts
<ul style="list-style-type: none"> Poetry Journal Work Personal Stories Mythology 	<ul style="list-style-type: none"> Art Therapy Collage Assemblage Clay Therapy 	<ul style="list-style-type: none"> Psychodrama Storytelling Voice Dialogue
Symbolic Worlds	Ceremony & Ritual	Movement & Sounds
<ul style="list-style-type: none"> Sandtray 	<ul style="list-style-type: none"> Healing Journeys Integration Maps 	<ul style="list-style-type: none"> Body Awareness Breath Therapies Sound and Music Movement & Dance

Figure 1. *Various Forms of Expressive Arts-Therapy*

considered as intermodal because facilitate expression in general through using multiple forms of expression with the same client to aid with deeper exploration (Malchiodi, 2003).

At the *Department of Motoric Disturbances, Chronic Diseases and Art-therapies* at the *Faculty of Education and Rehabilitation University of Zagreb* a original Croatian model of *Ex-gen Creative Therapy* was developed with emphasis on discovery of an aesthetic dimension of existential experience, actualisation of creative potential and therapy catharsis, as well as on auto-regulation of biodynamic and psychosocial processes with regard to self-perception and the application of methods of clinical assessment in discovering and supporting adaptive creative potentials of a subject (Prstačić, 2003). *Ex-gen Creative Therapy* is based on using different aspects of guided imagery, relaxation, body-symbolisation, dance movement therapy, music therapy, bibliotherapy, art therapy, psychodrama etc. to providing psychophysical homeostasis. Prstačić (2003) stressed that induction of new symbols system in patient's self-assessment and self-perception mechanisms, can give certain invulnerability to limbic arousal regarding the level on which the patient perceive her/him self to be emotionally and socially supported. In that way expressive arts-therapy could be one of the valuable therapy approach in the different field of education and rehabilitation.

DANCE MOVEMENT THERAPY

Dance Movement Therapy (DMT) is a part of expressive arts-therapy which include using and analyzing of different aspects of body-experience and body-expression such as *movement, posture, gesture, mimics, pantomime, touch...* Based on the empirically supported premise that the body, mind and spirit are interconnected, the *American Dance Therapy Association* defines Dance Movement Therapy as the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual.

In Dance Movement Therapy body is dominant media of therapeutic process. So this kind of therapy may have positive influence on physiological awareness, body expression of emotions, inducing unconscious impulses, and improving new strategies

of behaviour through exploring new patterns and qualities of movement (Levy, 1988; Payne, 2006).

North explains that: "*Movement, as revealed in our gestures, unconscious movements, body carriage and our working actions, is always 'ourselves'. It always speaks honestly...*" (North, 1972). In that way therapy through dance and movement indirectly induce relationship with inner sensations, images, feelings and thoughts.

Pylvänäinen (2010) suggest the following list in that is summarised what Dance Movement Therapy exploration in movement may bring:

- *release, relaxation which relates to the calming of the state of the autonomous nervous system*
- *images, memories, associations*
- *symbolic expressions of the self*
- *varying ways of experiencing and encountering the world*
- *new ways of being and acting in interaction*
- *activated relationship to oneself: what one discovers in oneself, movement expressions of this, connectedness to the body-self/core-self*
- *reflections in words of these experiences*
- *being in the body in the present*

According to *European Association Dance Movement Therapy* (EADMT) - DMT could be practiced in mental health; rehabilitation, medical, educational and forensic settings; in nursing homes; day care centres; disease prevention and health promotion programs. Although Dance Movement Therapy is mainly psychotherapeutic approach, specialized treatments also can help cure and aid many types of diseases and disabilities.

Historical and theoretical background

Dance has certainly been an important part of ceremony, rituals, celebrations and entertainment since before the birth of the earliest human civilizations. Archaeology delivers traces of dance from prehistoric times such as the 9,000 year old Bhimbetka rock shelters paintings in India and Egyptian tomb paintings depicting dancing figures from 3300 BC (Comte, 2004). Jordania (2011) suggested that dance, together with rhythmic music and body painting, was designed by the forces of natural selection at the early stage of hominid evolution as a potent tool to put groups of human

ancestors in a battle trance, a specific altered state of consciousness. In other way, dance was used as a precursor to ecstatic trance states in healing rituals, and it is still used for this purpose by many cultures from the Brazilian rainforest to the Kalahari Desert (Guenher, 1975). Dance also played important role in warriors moral support (Pieslak, 2009), in the performance and telling of myths, or in affecting the relationship with human or gods (Comte, 2004).

Although dance has been a method of expression for centuries, it wasn't until the twenty century that it was characterized as a form of therapy, although there are records of dance being used for therapeutic purpose in Britain during nineteenth century. By 1940s a definite Dance Movement Therapy had began by experimenting with psychotherapeutic applications of dance and movement. In the twenty-first century DMT is practised flexibly, either as a primary intervention and therefore as a form of focal psychotherapy, or as a supportive, adjunctive therapy. The more creative, supportive and adjunctive function of DMT overlaps in form and function with "therapeutic dance" (Meekums, 2002).

Dance Movement Therapy embrace all three of the major schools of psychotherapeutic thought (*psychodynamic, behavioural and humanistic*) and,

summarized by Levy (1988), rests on certain theoretical principles which are:

- *Body and mind interact, so that a change in movement will affect total functioning*
- *Movement reflects personality*
- *The therapeutic relationship is mediated at least to some extent non-verbally, for example through the therapist mirroring the client's movement*
- *Movement contains a symbolic function and as such can be evidence of unconscious process*
- *Movement improvisation allows the client to experiment with new ways of being*
- *DMT allows for the recapitulation of early object relationships by virtue of the largely non-verbal mediation of the latter*

According to Capello (2009) Dance Movement Therapy is focused on the specific psychosocial categories, and those fundamentals are necessary for effective, meaningful, and creative dance movement therapy session. Their relations are shown in the frame of an *intra/interactional model of dance movement therapy* (figure 2).

Although that model is designed for mentally illness, it is adaptable for use within a wide diagnostic range and for most age categories. Finally, it attempts to be a true *dance movement model*,

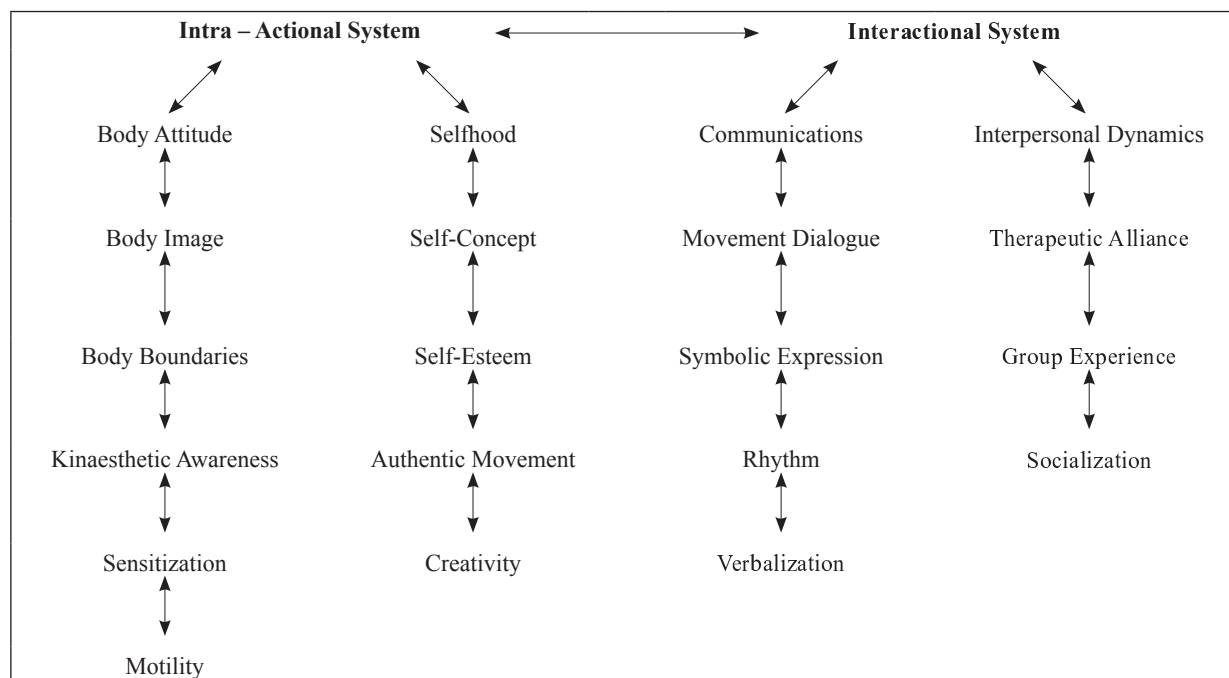


Figure 2. *Intra/interactional model of dance movement therapy (Capello, 2009)*

focusing on the limitless creative capacities and aesthetic qualities of the moving body using force/time/space/flow as a unique and specific fundamental for therapeutic process.

Basic elements of movement quality observation and evaluation

The important part of the Dance Movement Therapy is the specific system of movement quality observation. One of the mostly used model is *Laban Movement Analysis* (LMA) which is constructed with the aim to observe, notate, and analyze the different substance of movement (Newlove and Dalby, 2005). That model, also called *shape – effort*, include three categories of observation – a) body shape, b) space (*space harmony*), and c) efforts (*motion factors*) – and are descriptive for what could occur during a dance therapy session. Rudolph Laban (1975) also devised symbols for body parts, spatial designations, and the motion factors - known as *kinetography* – used for efficient and quicker observation and notation of movement quality (figure 3).

a) Body shapes

There are four distinct *body shapes* - narrow, wide, curve, and twist (figure 3) (Maletić, 1983). These shapes can either change or be static (fixed) and can be seen in the torso. The observations of body shape are of particular concern with regard to emotional states, attitudes and energy capacity.

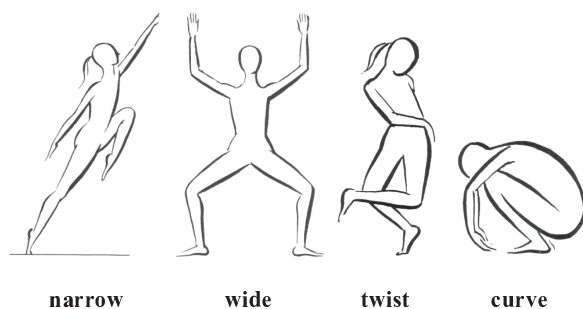


Figure 3. Four distinct body shape

b) Space

There are many ways in which the body can move harmoniously and flowingly through space going from one designated point to another. Main

areas are: forward, centre; back, side-to-side; left-right; high-middle-deep; vertical-horizontal-sagittal plane. Also it could be observed if person use wide or close space. Important category in space observations is *kinesfere* - the space that is used all around the body by the limbs standing still or in motion. It could be used in “near”, “middle” or “far reach” space

c) Effort

The expressive and communicative aspects of bodily movement are discernible and can be notated and codified using the many variables of spatial locations and motion factors, referred to as “Effort” (figure 4). When people begin to move, their bodies go through space in ways that offer significant qualitative differences that yield expressions of distinctive styles or personalities. These qualitative or dynamic aspects of movement are described in effort terms. In Effort theory, there are four motion factors: *space*, *weight*, *time*, and *flow*, with each factor having two polarities.

Effort factors	Polarity				
Weight		Strong / firm		Light / fine	
Space		Direct		Indirect / flexible	
Time		Sudden / quick		Sustained / slow	
Flow		Bound / Controlled		Free	

Figure 4. Four effort (motion) factors, their polarities and kinetography symbols

Combination of 3 different motion actions is called “*effort action*” and knowledge of them can be useful in observing nonverbal expression of feelings, drives and intentions (White, 2009). There are 8 “effort actions” such as: float, punch, glide, slash, dab, wring, flick and press.

In the process of observation and evaluation it is also important that following variables are included: *posture*, *gesture*, *mimics*, *eye contact*,

facial expression, physical sensations, interactions to other person, dominant body part in action, dynamics and kinaesthetic energy, body-image and body awareness, etc.

Because movement observation can be highly subjective, in the field of *Dance Movement Therapy* hard work was done to validate observations in order to create validity throughout the field in terms of what is seen through the movement (Powell, 2008). “*Movement information must have a system of observation and notation to be understood and communicated between therapists and for research purposes.*” (Westbrook and Sing, 1988). So, with the aim of obtaining objective observation and evaluating criteria a number of diagnostic materials are constructed. Some of them are: *Movement Psychodiagnostic Inventory* (Davis, 1997), *Nonverbal Assessment of Family Systems*, (Dulicai, 1977), *Kestenberg Movement Profile* (Hastie, 2006), *Psychiatric Movement Assessment Scale*, (Westbrook, Sing, 1998), *Functional Assessment of Movement and Perception* (Berrol et al. 1996), *Espenak's Movement Diagnosis Tests* (Espenak, 1989).

Some approaches in *Dance Movement Therapy*

In *Dance Movement Therapy* there are number of methods of interventions, but main structure of DMT process include following approaches:

IMITATION – physical imitation (*reflexion*) of mover's entire shape, form or effort factors in exact synchrony and simultaneity with the purpose that observer (therapist), through kinaesthetic empathy, sense and match mover's movement patterns and feelings (Fischman, 2009).

MIRRORING – in *mirroring*, the therapist embodies the exact shapes, form and movement qualities of the person's actions, creating a mirror image of the mover by depicting and connecting to the emotional expressivity of person's movement. On the physical level, the observer may to modify, exaggerate or diminish some movement qualities but overall sense and style of the movement is still present (Tortora, 2009). The concept of mirroring is the subject of neuroscience. Studies are revealing that the identical sets of neurons – “*mirror*

neurons” - can be activated in an individual who is simply witnessing another person performing a movement as the observer is actually engaged in the action or the expression of some emotion or behaviour. That domains of that interaction span motoric, psychosocial and cognitive functions, including specific psychosocial issues related to attunement, attachment theory and empathy (Berol, 2006).

BODY-SYMBOLISATION – exploring of the specific *posture, gesture, mimics and movement* that are characteristic in experiencing and expressing of specific emotions (Martinec, 1995). Some authors concluded (Merlau-Ponty, 1990; Prstačić et al. 1991; Halsen, 1995; Wengrower, 2009) that using of *body-symbolisation*, as form of symbolic and kinaesthetic stimulation, could be useful on the body-functional, perceptual, imaginative, and archetypal level. Self-investigation of own movements profile connected with some acute or dominant emotions could help person's awareness of physical and memory background of some experience, and analogously, developing of new movements and dynamics patterns could induced new patterns of psychosocial behaviour.

MOVEMENT EXPLORATION – analyzing how specific movement or set of movement is associated with own feelings, associations and memories, through meditate staying in one or repetitive position, or through changing *shape-effort elements* (*dynamics, time, space, weight, flow...*) (Tortora, 2009).

AUTHENTIC MOVEMENT – using of free movements that are involved and spontaneous. Impulse for *authentic movement* arises from specific body-parts needs, intrinsic value and symbolic material (Capello, 2009). That kind of movement, based on imagination and improvisation, is useful method of creative liberation and self-expression. Describing the main issues of *authentic movement* influence, Alperson (1973) stressed: “*By becoming increasingly sensitized to internal and external stimuli as we move in space, at varying rhythms and at different levels of energy, alone or in relation to others, in stillness or in motion; our movement responses will begin to merge naturally with other modes of representation (images, memories), and the summation of these experiences will allow*

us to achieve a new integration or “meaning,” from our experience”.

What kind of DMT approach will be used depend on protocol (design) phases, client’s needs and proneness, and certainly on therapist’s adaptation to therapy process. In many therapy sessions some of those approaches are combined, or derived one from other.

Meekums (2002) divided the creative process in four stages, which occur during *Dance Movement Therapy*:

1. Preparation: the warm-up stage, safety is established
2. Incubation: relaxed, let go of conscious control, movements become symbolic
3. Illumination: meanings become apparent, can have positive and negative effects
4. Evaluation: discuss significance of the process, prepare to end therapy

Each stage contains a smaller set of goals which correlate to the larger purpose. The stages and goals vary with each individual. Although the stages are progressive, the stages are usually revisited several times throughout the entire DMT process.

REVIEW OF SOME SCIENTIFIC RESEARCHES IN THE FIELD OF DANCE MOVEMENT THERAPY

Reviews of the literature suggest that there are growing number of scientific studies in *Dance Movement Therapies* and related fields. Those studies were carried out in wide range of mental or physical illness in order to gain more profound insight into the efficacy of different treatment options and dimensions they can affect.

In that way, Kiepe et al. (2012) in the systematic review tried to evaluate the effects of *Dance Movement Therapy* and ballroom dances as therapeutic interventions for adults with physical and mental illnesses in comparison to other interventions or care as usual. A systematic review includes 11 randomized controlled trials examining dance therapy and ballroom dances, published between 1995 and 2011. Results showed that *Dance Movement Therapy* had a positive impact for patients with breast cancer, improving quality

of life, shoulder range of motion and body image. In patients with depression psychological distress was reduced by dance therapy. Ballroom dances improved balance and coordination in patients with Parkinson’s disease and disease-specific quality of life in patients with heart failure.

Through randomized controlled trial on 162 patients Bräuninger (2012a) compared the effect of a dance movement therapy (DMT) group intervention on stress management improvement and stress reduction with a wait-listed control group (WG). Stress management, psychopathology and overall distress were evaluated at baseline, immediately after completion of the ten sessions DMT group intervention, and 6 months after the DMT treatment. In DMT group *Negative stress management strategies* decreased significantly in the short-term and long-term, *Positive Strategy Distraction* improved significantly in the short-term ($p < .10$), as well as *Relaxation* ($p < .10$). Significant short-term improvements were observed in the BSI psychological distress scales on variables: *Obsessive-Compulsive*; *Interpersonal Sensitivity*; *Depression*; *Anxiety*; *Phobic Anxiety*; *Psychoticism* and *Positive Symptom Distress*. Significant long-term improvement in psychological distress through DMT existed in *Interpersonal Sensitivity*; *Depression*; *Phobic Anxiety*; *Paranoid Thinking*; *Psychoticism* and *Global Severity Index*. Results indicate that DMT group treatment is more effective to improve stress management and reduce psychological distress than non-treatment. DMT effects last over time.

In the other investigation Bräuninger (2012b) examined the treatment outcome of a ten weeks dance movement therapy intervention on quality of life (QOL). The multicentred study used a subject-design with pre-test, post-test, and six months follow-up test. 162 participants who suffered from stress were randomly assigned to the dance movement therapy treatment group (DMT) and the wait-listed control group (WG). *The World Health Organization Quality of Life Questionnaire 100* and *Munich Life Dimension List* were used in both groups at all three measurement points. In the short term, DMT group are significantly improved in the *Psychological domain*; *Social relations/life*; *Global value*; *Physical health* and *General life*. In the long term, *Dance Movement*

Therapy significantly enhanced the *Psychological domain*; *Spirituality* and *General life*. According to the results author conclude that *Dance Movement Therapy* is effective in the short- and long-term of quality of life improving.

Also, *Dance Movement Therapy* is widely practiced as a treatment of choice for depression and other mental illness (Mala et al. 2012). Positive changes of this kind of therapy are obtained at the psychological and physiological level. For example Jeong et al. (2005) assessed the profiles of psychological health and changes in neurohormones of adolescents with mild depression after 12 weeks of dance movement therapy (DMT). Forty middle school seniors were randomly assigned into either a dance movement group ($n = 20$) or a control group ($n = 20$). All subscale scores of psychological distress and global scores decreased significantly after the 12 weeks in the DMT group. Plasma serotonin concentration increased and dopamine concentration decreased in the DMT group. These results suggest that DMT may stabilize the sympathetic nervous system. In conclusion, DMT may be effective in beneficially modulating concentrations of serotonin and dopamine, and in improving psychological distress in adolescents with mild depression (Jeong et al. 2005)

In the other study Koch et al. (2007) investigated the specific effects of a dance intervention on the decrease of depression and the increase of vitality and positive affect in 31 psychiatric patients with main or additional diagnosis of depression. Patients participated in one of three conditions: a dance group performing a traditional upbeat circle dance, a group that listened just to the music of the dance (music only), and a group that moved on a home trainer bike (ergometer). While all three conditions alleviated or stabilized the condition of the patients, results suggest that patients in the dance group profited most from the intervention. They showed significantly less depression and more vitality than participants in the music group and in the ergometer group, on post-test self-report scales immediately after the intervention. Stimulating circle dances with jumping movements can thus have a positive effect on patients with depression and may be recommended for use in dance/movement therapy and other complementary therapies.

One of the main aims, in the group therapy process is related to group cohesion especially in the work with the patients those are chaotic and disorganised. In that way, Effer and Ziv (2006) describing their results obtained at short-term inpatient psychiatric unit, stressed that group dance movement therapy improved impulse control, frustration tolerance, gratification delay, and ability to get along with others.

Improvement in the perceptions of physical and psychological well-being by using Dance Movement Therapy is also proved in the field of chronic fatigue syndrome (Blazquez et al. 2010), eating disorders (Meekums, 2012), oncology (Kaltsatou et al. 2011), geriatrics (Haboush et al. 2006), abusing (Mills and Daniluk, 2002), etc.

At the *Department of Motoric Disturbances, Chronic Diseases and Art-therapies at the Faculty of Education and Rehabilitation Sciences University of Zagreb* the *Dance Movement Therapy* are issue of some scientific investigation, and also subject of some study courses such as “*Creative Therapy*” or “*Creative Therapy Practicum IP*”. So, at the figure 5 and 6 the results of a study about *Dance Movement Therapy* influence on the adolescent with visually impairments are showed. The program included *dance, movement and contact improvisation* with some elements of *relaxation, guided imagination, and music* in 9 therapy session with 8 participants. In the purpose of psychosocial parameters evaluation the following variables are

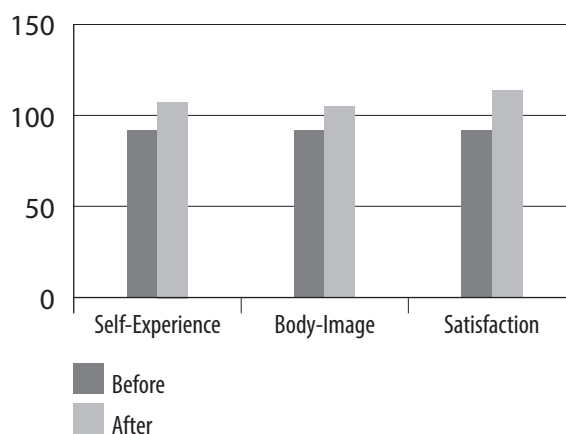


Figure 5. Results for the variables self-experience, body-image and satisfaction before and after therapy session

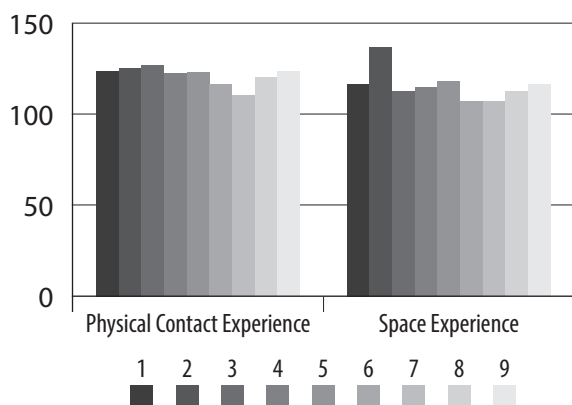


Figure 6. Results for the variables physical contact experience and space experience after each of 9 therapy sessions

defined: *self-experience, body-image, space, physical contact with other person, social interaction*. Positive tendency of changes on the controlled variables and qualitative analysis of induced variables showed that program had positive influence on perception, emotion, kinaesthetic empathy, better using of space, body-awareness, thrust, creativity and interpersonal communication (Martinec, 2012).

Results of different scientific research showed that *Dance Movement Therapy* could have positive influence on different changes in the field of physiological and psychosocial evaluation. Further investigations are needed for developing a more systematic body of scientific evidence that can improve capitalizing what is really known in practice as effective (Mala et al., 2012). Furthermore, as both Karkou (2010) and Meekums (2010) have argued, there is also need of engaging in a dialogue with scientists and form research teams that can generate robust and effective research evidence.

4. CONCLUSION

Dance Movement Therapy is an interdisciplinary approach evolved through the synthesis of the art of movement and dance and the science of psychology. As such it continues to evolve based on the confluence of knowledge built upon the therapeutic and spiritual use of dance through the ages, cultural anthropology, psychological theories, neuromotor sciences, the psychology of the arts, and the creative process (Chaiklin and Wengrower, 2009). By using body as medium of self-exploring and movement as metaphor, *Dance Movement Therapy* may have influence on different motoric, physiological, psychosocial and cognitive functions.

In *Dance Movement Therapy* could be considered different variables that are not in the focus in other kinds of therapies, such as change in movement qualities; subtle nonverbal communication in terms of shaping, proxemics, rhythms; and kinaesthetic or somatic cues related to emotional, physical and symbolical experience (Hervey, 2009).

With the purpose of developing the new values, methods, skills and knowledge further investigations are needed (Payne, 2006; Karkou, 2010). They should be oriented to the obtaining such diagnostic and therapeutic models that have methods of practice established and stabilized, theory clearly articulated and recognized and research methodologies clinically viable (Meekums, 2002; Hervey, 2009). In that way, and according to results of recent investigation of the therapeutic influence of *Dance Movement Therapy*, it could be considered that that kind of therapy becomes a common part of interdisciplinary approach in the various fields of rehabilitation and psychotherapeutic practice.

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PRIMJENA PLESA I POKRETA U KONCEPTU EKSPRESIVNIH ART-TERAPIJA

Sažetak: *Terapija plesom i pokretom predstavlja komplementarnu metodu koja uključuje primjenu i analizu različitih aspekata tjelesnog iskustva i izražavanja kao što su pokret, mimika, gesta, pantomima, dodir...*

S obzirom da je u okviru ovog pristupa tijelo dominantni medij terapijskog procesa, njezina primjena može utjecati na osvješćivanje fizioloških senzacija, tjelesnu ekspresiju emocionalnih stanja, izražavanje nesvjesnih impulsa, kreiranje novih strategija ponašanja kroz otkrivanje novih obrazaca i kvaliteta kretanja, te integraciju kognitivnih, emocionalnih i bihevioralnih aspekata u osobe.

U radu su prikazani osnovni aspekti terapije plesom i pokretom kao što su povijesna i teorijska polazišta, osnove opservacije i evaluacije, te opis metoda i terapijskog utjecaja u okviru individualnog ili grupnog procesa.

Gljučne riječi: *ekspresivne art-terapije, terapija plesom i pokretom, procjena kvalitete pokreta, metode intervencija, terapijski utjecaj*